



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 NOV 13 AM 10:11

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CANNON CHIROPRACTIC

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

TIMOTHY CANNON 611 ENSIGN DR, AMMON, 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

CANNON CHIROPRACTIC

(Name)

611 ENSIGN DR

(Address)

AMMON, ID 83406

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: TIMOTHY CANNON

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/14/2017 05:00

CK:154848 CT:348336 BH:1611799

IG 25.00 = 25.00 ASSUM NAME #2

D198303